

Feb. 21. 2002 12:33PM

No. 8259 P. 4/9

Dkt. No. _____

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, We hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled A Composition for Treatment of a Bacterial Infection of the Digestive Tract, the specification of which:

(check one) ☒ is attached hereto ☐ was filed on _____ as
Application Serial No. _____ and
was amended on _____
(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)		Priority Claimed
_____ (NUMBER)	_____ (COUNTRY)	_____ (DAY/MONTH/YEAR FILED) <input type="checkbox"/> YES <input type="checkbox"/> NO
_____ (NUMBER)	_____ (COUNTRY)	_____ (DAY/MONTH/YEAR FILED) <input type="checkbox"/> YES <input type="checkbox"/> NO
_____ (NUMBER)	_____ (COUNTRY)	_____ (DAY/MONTH/YEAR FILED) <input type="checkbox"/> YES <input type="checkbox"/> NO

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this applications:

09/671,998 654,482 (APPLICATION SERIAL NO.)	SEPTEMBER 28, 2000 (FILING DATE)	PATENTED <i>Not as Allowed</i> (STATUS) (PATENTED, PENDING, ABANDONED)
09/497,495 (APPLICATION SERIAL NO.)	APRIL 18, 2000 (FILING DATE)	PATENTED (STATUS) (PATENTED, PENDING, ABANDONED)
09/671,992	September 28, 2001	ALLOWED

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys and/or agents to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Jonathan E. Grant No. 34,830

SEND CORRESPONDENCE TO:

DIRECT TELEPHONE CALLS TO:

(301) 603-9071

Jonathan E. Grant

10083462-022702

Feb-21-2002 12:33PM

No.8259 P. 5/9

Page 2 of 2

Grant Patent Services
2120 L STREET, NW
Suite 210
Washington, D.C. 20037

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or document or any patent issuing thereon.

Full name of sole or first inventor

Vincent

Fischetti

GIVEN NAME

MIDDLE NAME

FAMILY NAME

Inventor's signature

Date of signature

2/21/02

Residence

West Hempstead

New York

U.S.A.

CITY

STATE OR PROVINCE

COUNTRY

Citizenship

U.S.A.

Post Office Address

(insert complete mailing address, including country)

448 West Hempstead, New York, USA

Full name of second inventor

Lawrence

Loomis

GIVEN NAME

MIDDLE NAME

FAMILY NAME

Inventor's signature

Date of signature

2/21/02

Residence

Columbia

Maryland

U.S.A.

CITY

STATE OR PROVINCE

COUNTRY

Citizenship

Post Office Address

(insert complete mailing address, including country)

11374 Buckeberry Path

Columbia, Maryland 21044

10053452 022702